

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58017

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number                      Pick-Up Date 07/12/78  
Company Name E. I. DUPONT DE NEMOURS & CO MO. DAY YR.  
Pick-Up Address DEPT WASHINGTON ROAD PARLIN, N. J.  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT CO. P.O. BOX 385 CARLSTAD, N. J. 07072  
Name of Facility SAME Address                       
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

B/L29488

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR Rejected Amount
1. Acid Solution						
2. Alkaline Solution						
3. Arsenic Residues						
4. Catalyst Residues						
5. Cyanide Residues						
6. Chlorinated (Dioxin, Furan) Residues						
7. Etching, Pickling, & Plating Residue						
8. Explosive Residue						
9. Filter Clays, Filter Aids						
10. Ester, Alcohol, Ether, Ketone, Glycol Residues						
11. Heavy Metal Residue						
12. Organic and Heavy Metal Residue Mixture						
13. Latex Residue						
14. Peroxide						
15. Oil and Oil Sludges, Emulsions						
16. Paint and Pigment Residues						
17. Pesticides						
18. Pharmaceutical Wastes (Drugs, etc.)						
19. Lacramators, Amines, Mercaptans, Amide						
20. Plasticizer, Resin, Monomer, Elastomer Residues						
21. PCB, PBB Contaminated Materials						
22. Solvent, Halogenated Organic						
23. Solvent, Mixed	1 T/W			APPROX 5000 GALS.	G	
24. Still Bottoms				LIQUID		
25. Radioactive Residue						
26. Tetraethyl Lead Residues						
Other (See Instructions)						
27.						
28.						
29.						
30.						

I certify that the above information is correct to the best of my knowledge. PROD PLAN.  
Date 7/10/78 Signature and Title [Signature] SUPERVISOR

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number  
Date 7-12-78 Signature [Signature] Vehicle License Plate Number WJ XRD1761

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address 216 PARKER PLANK RD  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 7-12-78 Signature [Signature] Vehicle License Plate Number WJ XRD1761

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S.C.P. Address 216 PARKER PLANK RD  
Registration Number 0205A Date Waste Received 07/12/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 7-12-78 Signature and Title [Signature] Manager





▲ 95672

SK

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SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR  
E O B ✓

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE UNIT

1/5/01/6 Pick-Up Date 5/08/78  
MO. DAY YR.

Plant Identification Number  
Company Name E.I. DUPONT DE NEMOURS & CO  
Pick-Up Address F&F DIV WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL Address P.O. BOX 385, CARLSTADT, N.J.  
Name of Facility SAME Address SAME

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions: **NORMAL CARE**

**SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR**

## Waste Pyre

1. Acid Solution
2. Alkaline Solution
3. Arsenic Residues
4. Catalyst Residues
5. Cyanide Residues
6. Chlorinated ( Dioxin, Furan ) Residues
7. Etching, Pickling, & Plating Residue
8. Explosive Residue
9. Filter Clays, Filter Aids
10. Ester, Alcohol, Ether, Ketone , Glycol Residues
11. Heavy Metal Residue
12. Organic and Heavy Metal Residue Mixture
13. Latex Residue
14. Peroxide
15. Oil and Oil Sludges, Emulsions
16. Paint and Pigment Residues
17. Pesticides
18. Pharmaceutical Wastes (Drugs, etc.)
19. Lacramators, Amines, Mercaptans, Amide
20. Plasticizer, Resin, Monomer, Elastomer Residues
21. PCB,PBB Contaminated Materials
22. Solvent, Halogenated Organic
23. Solvent, Mixed
24. Still Bottoms
25. Radioactive Residue
26. Tetraethyl Lead Residues
- Other (See Instructions)
27. 

28. 

29. 

30. 


[illegible]

Pounds or Gallons

[illegible]

I certify that the above information is correct to the best of my knowledge.  
Date 5/8/78 Signature and Title Carl Henry

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER.

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. Date 5/9/78 Signature [Signature] Vehicle License Plate Number [Blank]

SPECIAL WASTE HAULER

State



SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler Scientific Chemical Address Carlstadt, NJ  
 I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility  
 named in Section I  
 Date 5/1/79 Signature Daniel W. W.T. York Vehicle License Plate Number MD 1000-1000

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SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

SECTION IV TO BE COMPLETED BY THE Hauler

Name of Facility SCP Address Cartersville, GA ☒ Accepted ☐ Rejected

Registration Number 020514 Date Waste Received 05/08/78

I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Frank Brown

Date 5-9-78 Signature and Title Donna B. Bann Manager



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58004

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number                      Pick-Up Date 6/13/78  
Company Name E. I. DUPONT DE NEMOURS & CO MO.          DAY          YR.           
Pick-Up Address F & F DEPT WASHINGTON ROAD PARLIN, N. J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL PROCESS Address 216 PATERSON PLANK ROAD  
Name of Facility SAME Address CARLSTADT, N. J.  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

B/L28739

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	Rejected Amount
1. Acid Solution						
2. Alkaline Solution						
3. Arsenic Residues						
4. Catalyst Residues						
5. Cyanide Residues						
6. Chlorinated (Dioxin, Furan) Residues						
7. Etching, Pickling, & Plating Residue						
8. Explosive Residue						
9. Filter Clays, Filter Aids						
10. Ester, Alcohol, Ether, Ketone, Glycol Residues						
11. Heavy Metal Residue						
12. Organic and Heavy Metal Residue Mixture						
13. Latex Residue						
14. Peroxide						
15. Oil and Oil Sludges, Emulsions						
16. Paint and Pigment Residues						
17. Pesticides						
18. Pharmaceutical Wastes (Drugs, etc.)						
19. Lacramators, Amines, Mercaptans, Amide						
20. Plasticizer, Resin, Monomer, Elastomer Residues						
21. PCB, PBB Contaminated Materials						
22. Solvent, Halogenated Organic						
23. Solvent, Mixed						
24. Still Bottoms						
25. Radioactive Residue						
26. Tetraethyl Lead Residues						
27. Other (See Instructions)						
28.						
29.						
30.						

I certify that the above information is correct to the best of my knowledge. scd  
Date 6/13/78 Signature and Title J. M. [Signature] Manager

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State NJ Number               
Date 6/13/78 Signature Joseph Pilote Vehicle License Plate Number XND 924

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address Carlstadt N.J.  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date          Signature Joseph Pilote Vehicle License Plate Number NJ XND 924

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Paterson Plank Rd.  
Registration Number 0205A Date Waste Received 6/13/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 6-13-78 Signature and Title Man. Baum



A 95694

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SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number

Pick-Up Date		5	2	4	7	8
	MO.	DAY			YR.	

Company Name E. I.

DUPONT DE NEMOURS & CO

Company Name E. & F.  
 Mch. Ltr. Address F. & F.

DUPONT DE NEIGROSS &  
DEPT WASHINGTON ROAD

PARLIN, N. J. 08859

Pick-Up Address \_\_\_\_\_ SCT  
Name of Hauler \_\_\_\_\_

DEPT WASHINGTON ROAD  
ENTIFIC CHEMICAL TREA

CO P.O. BOX 38

Name of Facility SAM

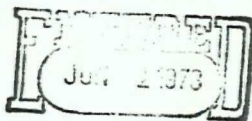
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Emergency Spill Phone Nos.: 609-292-5560 or  
609-292-7172

**Handling Instructions:**

### NORMAL CARE

B/L28119

**Waste Type****Total Quantity**

**Identify units in pounds or gallons  
use P for pounds and G for gallons**

**SECTION V TO BE  
COMPLETED BY  
THE SPECIAL  
WASTE FACILITY  
OPERATOR**

Amount	Reflected
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000
1100	1100
1200	1200
1300	1300
1400	1400
1500	1500
1600	1600
1700	1700
1800	1800
1900	1900
2000	2000
2100	2100
2200	2200
2300	2300
2400	2400
2500	2500
2600	2600
2700	2700
2800	2800
2900	2900
3000	3000
3100	3100
3200	3200
3300	3300
3400	3400
3500	3500
3600	3600
3700	3700
3800	3800
3900	3900
4000	4000
4100	4100
4200	4200
4300	4300
4400	4400
4500	4500
4600	4600
4700	4700
4800	4800
4900	4900
5000	5000
5100	5100
5200	5200
5300	5300
5400	5400
5500	5500
5600	5600
5700	5700
5800	5800
5900	5900
6000	6000
6100	6100
6200	6200
6300	6300
6400	6400
6500	6500
6600	6600
6700	6700
6800	6800
6900	6900
7000	7000
7100	7100
7200	7200
7300	7300
7400	7400
7500	7500
7600	7600
7700	7700
7800	7800
7900	7900
8000	8000
8100	8100
8200	8200
8300	8300
8400	8400
8500	8500
8600	8600
8700	8700
8800	8800
8900	8900
9000	9000
9100	9100
9200	9200
9300	9300
9400	9400
9500	9500
9600	9600
9700	9700
9800	9800
9900	9900
10000	10000

1. Acid Solution
2. Alkaline Solution
3. Arsenic Residues
4. Catalyst Residues
5. Cyanide Residues
6. Chlorinated ( Dioxin, Furan ) Residues
7. Etching, Pickling, & Plating Residue
8. Explosive Residue
9. Filter Clays, Filter Aids
10. Ester, Alcohol, Ether, Ketone ,  
Glycol Residues
11. Heavy Metal Residue
12. Organic and Heavy Metal  
Residue Mixture
13. Latex Residue
14. Peroxide
15. Oil and Oil Sludges, Emulsions
16. Paint and Pigment Residues
17. Pesticides
18. Pharmaceutical Wastes (Drugs, etc.)
19. Lacramators, Amines, Mercaptans, Amide
20. Plasticizer, Resin, Monomer,  
Elastomer Residues
21. PCB,PBB Contaminated Materials
22. Solvent, Halogenated Organic
23. Solvent, Mixed
24. Still Bottoms
25. Radioactive Residue
26. Tetraethyl Lead Residues  
Other (See Instructions)
27. 

28. 

29. 

30. 


T	T/W	APPROX 5000 GALS
		LIQUID

LIQUID

I certify that the above information is correct to the best of my knowledge. *Signature*  
Date 5/24/78 Signature and Title Asst. Dir.

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (a) listed in Section I was collected by me.  
Date 2-24-78 Signature Robert Allen Vehicle License Plate Number \_\_\_\_\_

State Number

**THE FISHY BIZ**

Date 2-2-18 Signature [Signature]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HANDLER

Name of Hauler S.C.H. Address 214 Tattersall Ave  
 (If not listed in Section I was hauled by me to the Special Waste Facility)

I certify that the described quantity of material (s) listed in Section 1 was removed from the vehicle named in Section 1. 20 11 Vehicle License Plate Number 1A7 2A7A73

Date 5/24/77 Signature Jake Adams

SECTION IV TO BE COMPLETED BY THE APPLICANT

Address 216 Paterson Plank Rd. Cools

SCP

Submitted	Accepted	Rejected

Name of Facility \_\_\_\_\_ Date Waste Received 05/24/78 ☐ Accepted ☐ Refused  
Registration Number 02051 I affirm the waste described in Section I to this Facility.

I certify that the hauler stated above delivered the waste described in Section 1.

Date 5-24-78 Signature and Title Max Baum Manger



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58055

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## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 10/3/78  
Company Name S.I. DUPONT DE NEMOURS & CO F & F DIVMO. DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL CO Address PO BOX 385 CARLSTADT, NJ  
Name of Facility SAME Address SAME  
Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172  
Handling Instructions: NORMAL CARE B/L 31903

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and C for gallons	Pounds or Gallons	Rejected Amount
1. Acid Solution						
2. Alkaline Solution						
3. Arsenic Residues						
4. Catalyst Residues						
5. Cyanide Residues						
6. Chlorinated (Dioxin, Furan) Residues						
7. Etching, Pickling, & Plating Residue						
8. Explosive Residue						
9. Filter Clays, Filter Aids						
10. Ester, Alcohol, Ether, Ketone, Glycol Residues						
11. Heavy Metal Residue						
12. Organic and Heavy Metal Residue Mixture						
13. Latex Residue						
14. Peroxide						
15. Oil and Oil Sludges, Emulsions						
16. Paint and Pigment Residues						
17. Pesticides						
18. Pharmaceutical Wastes (Drugs, etc.)						
19. Lacramators, Amines, Mercaptans, Amine						
20. Plasticizer, Resin, Monomer, Elastomer Residues						
21. PCB, PBB Contaminated Materials						
22. Solvent, Halogenated Organic						
23. Solvent, Mixed	1	L F		APPROX 5000 GALS	G	
24. Still Bottoms	T/W					
25. Radioactive Residue						
26. Tetraethyl Lead Residues						
27. Other (See Instructions)						
28.						
29.						
30.						

I certify that the above information is correct to the best of my knowledge. PCD PLAN  
Date 10/3/78 Signature and Title J. Manning SUPERVISOR

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material(s) listed in Section I was collected by me. State Number  
Date 10/3/78 Signature William Tyler Vehicle License Plate Number WJ 2KX2173

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address 411 Wilson Ave. Newark  
I certify that the described quantity of material(s) listed in Section I was hauled by me to the Special Waste Facility  
named in Section I. Date 10/3/78 Signature William Tyler Vehicle License Plate Number WJ 2KX2173

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Paterson Plant Rd.  
Registration Number 0225A Date Waste Received 10/03/78 Accepted Rejected  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.  
Date 10-3-78 Signature and Title J. Manning KB Greenman

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Plant Identification  
Company Name  
Pick-Up Address  
Name of Hauler  
Name of Facility

Handling Instructions

1. Acid Solution
2. Alkaline Solution
3. Arsenic Residues
4. Catalyst Residues
5. Cyanide Residues
6. Chlorinated
7. Etching, Pickling
8. Explosive Residue
9. Filter Clays, Filter Aids
10. Ester, Alcohol, Glycol Residues
11. Heavy Metal Residue
12. Organic and Heavy Metal Residue Mixture
13. Latex Residue
14. Peroxide
15. Oil and Oil Sludges, Emulsions
16. Paint and Pigment Residues
17. Pesticides
18. Pharmaceutical Wastes (Drugs, etc.)
19. Lacramators, Amines, Mercaptans, Amine
20. Plasticizer, Resin, Monomer, Elastomer Residues
21. PCB, PBB Contaminated Materials
22. Solvent, Halogenated Organic
23. Solvent, Mixed
24. Still Bottoms
25. Radioactive Residue
26. Tetraethyl Lead Residues
27. Other (See Instructions)
- 28.
- 29.
- 30.

I certify that  
Date 10/6/78

I certify that  
Date 10/6/78

Name of Hauler  
I certify that  
named in Section I  
Date

Name of Facility  
Registration Number  
I certify that



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58052

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 9/29/78  
Company Name E.I. DUPONT DENEMOURS & CO F&F DIV  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT Address PO BOX 385 CARLSTADT, NJ  
Name of Facility SAME Address SAME  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

B/L 31775

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR	
						Rejected	Amount
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues							
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB,PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed	1	L	F	APPROX <sup>2000</sup> <del>5000</del> GALS	G		
24. Still Bottoms	T/W						
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
Other (See Instructions)							
27.							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.  
Date 9/29/78 Signature and Title Anna B. Logan

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number  
Date 9/29/78 Signature Wm J. P. Vehicle License Plate Number 7TJ 7A 5P152

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address 411 Wilson Ave. Newark  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 9-29-78 Signature Bill Simmons Vehicle License Plate Number 7TJ 7A 5P152

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Paterson Plank Rd.  
Registration Number 1205A Date Waste Received 9/29/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 9-29-78 Signature and Title Mark Brown Manager



**A 95670**

**A - ADMINISTRATION COPY**



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58048

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 150116 Pick-Up Date 09/15/88  
Company Name E.I. DUPONT DE NEMOURS & CO F&F DIV MO. DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT Address PO BOX 385 CARLSTADT, NJ  
Name of Facility SAME Address SAME

Handling Instructions: **NORMAL CARE**Emergency Spill Phone Nos.: 609-292-5560 or  
609-292-7172

B/L31414

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	Rejected Amount
1. Acid Solution						
2. Alkaline Solution						
3. Arsenic Residues						
4. Catalyst Residues						
5. Cyanide Residues						
6. Chlorinated (Dioxin, Furan) Residues						
7. Etching, Pickling, & Plating Residue						
8. Explosive Residue						
9. Filter Clays, Filter Aids						
10. Ester, Alcohol, Ether, Ketone, Glycol Residues						
11. Heavy Metal Residue						
12. Organic and Heavy Metal Residue Mixture						
13. Latex Residue						
14. Peroxide						
15. Oil and Oil Sludges, Emulsions						
16. Paint and Pigment Residues						
17. Pesticides						
18. Pharmaceutical Wastes (Drugs, etc.)						
19. Lacramators, Amines, Mercaptans, Amide						
20. Plasticizer, Resin, Monomer, Elastomer Residues						
21. PCB/PBB Contaminated Materials						
22. Solvent, Halogenated Organic						
23. Solvent, Mixed						
24. Still Bottoms						
25. Radioactive Residue						
26. Tetraethyl Lead Residues						
Other (See Instructions)						
27.						
28.						
29.						
30.						

I certify that the above information is correct to the best of my knowledge.

Date 9/15/78Signature and Title Anthony Janusz

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number  
Date 9-15 Signature D. Mansel Vehicle License Plate Number NJ XM330C

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler \_\_\_\_\_ Address \_\_\_\_\_  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date \_\_\_\_\_ Signature \_\_\_\_\_ Vehicle License Plate Number NJ XM330C

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S.C.P. Address 21 Paterson Plank Rd Carlstadt NJ  
Registration Number 23 Date Waste Received 9/15/88 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 9-25-88 Signature and Title Mark Baum manager



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

A

## SPECIAL WASTE MANIFEST

A 58036

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 8/22/78 MO. 8 DAY 22 YR. 78  
Company Name E. I. DUPONT DE NEMOURS & CO F&F DIV  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT Address CARLSTADT, NJ  
Name of Facility SAME Address SAME

Handling Instructions: **NORMAL CARE**Emergency Spill Phone Nos.: 609-292-5560 or  
609-292-7172

B/L 30740

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity		Pounds or Gallons	Rejected Amount
				Identify units in pounds or gallons use P for pounds and G for gallons			
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues							
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB, PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed							
24. Still Bottoms							
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
Other (See Instructions)							
27.							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.  
Date 8/22/78 Signature and Title Anna B.egan

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State NJ Number AKD924  
Date 8/22/78 Signature Joseph Pelote Vehicle License Plate Number NJ AKD924

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address Carlstadt  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 8/22/78 Signature Joseph Pelote Vehicle License Plate Number NJ AKD924

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility S.C.P. Address 216 Patterson Plank Rd.  
Registration Number 0205A Date Waste Received 8/22/78 ☒ Accepted ☐ Rejected  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date \_\_\_\_\_ Signature and Title William Ramon



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

A

## SPECIAL WASTE MANIFEST

A 58040

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 8/31/78  
Company Name E. I. DUPONT DE NEMOURS & CO F&F DIV DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL PROCESS Address 216 PATERSON PLANK ROAD,  
Name of Facility SAME Address CARLSTADT, NJ  
Handling Instructions: HAULER TAYLOR PUMPING Emergency Spill Phone Nos.: 609-292-5560 or  
NORMAL CARE SGR BELLEMEAD NJ 609-292-7172  
B/L 3017

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR	
						Rejected	Amount
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues							
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB, PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed	1	L		APPROX <sup>3500</sup> <del>4000</del> GALS	G		
24. Still Bottoms	T/W						
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
Other (See Instructions)							
27.							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.  
Date 8/31/78 Signature and Title [Signature] 8/31/78

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material(s) listed in Section I was collected by me.  
Date 8/31/78 Signature [Signature] State NJ Number XAA 328  
Vehicle License Plate Number

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler Taylor Pumping Inc Address Bellemead NJ  
I certify that the described quantity of material(s) listed in Section I was hauled by me to the Special Waste Facility  
named in Section I  
Date 8/31/78 Signature [Signature] Vehicle License Plate Number NJ XAA 328

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SGP Address 216 Paterson Plank Rd  
Registration Number 0205A Date Waste Received 8/31/78 ☒ Accepted ☐ Rejected  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 8-31-78 Signature and Title Bill Ramm Supervisor



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58041

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 1901E Pick-Up Date 9/05/78  
Company Name E.I. DUPONT DE NEMOURS & CO F&F DIV DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. SP01  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT PO BX 385 CARLSTADT, NJ  
Name of Facility SAME Address SAME  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172  
E/L 3050

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR	
						Rejected	Amount
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues							
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB, PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed							
24. Still Bottoms							
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
Other (See Instructions)							
27.							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.  
Date 9/5/78 Signature and Title J. Manly SUPERVISOR

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material(s) listed in Section I was collected by me.  
Date 9-5-78 Signature Thomas Jones State NJ Number X214634  
Vehicle License Plate Number

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address 411 Wilson Ave Newark  
I certify that the described quantity of material(s) listed in Section I was hauled by me to the Special Waste Facility  
named in Section I  
Date 9-5-78 Signature Thomas Jones Vehicle License Plate Number NJ X214634

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 PATERSON PLANK RD  
Registration Number 0205A Date Waste Received 09/05/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 9/5/78 Signature and Title Mark Burns Manager



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

A

## SPECIAL WASTE MANIFEST

A 58042

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 9/1/78 MO. 9 DAY 1 YR. 78  
Company Name EL. DUPONT DE NEMOURS & CO F&F DIV.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL PROCESS Address 216 PATERSON PLANK RD CARLSTADT, NJ  
Name of Facility SAME Address SAME  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

B/L 31073

Hauler:  
Taylor Pumping Ser.  
Bellevue, NJ.

Waste Type

- |   | Number of Containers | Physical State | Hazard ID. | Total Quantity<br>Identify units in pounds or gallons<br>use P for pounds and G for gallons | Pounds or Gallons |
|---|----------------------|----------------|------------|---|-------------------|
| 1. Acid Solution                                    |                      |                |            |   |                   |
| 2. Alkaline Solution                                |                      |                |            |   |                   |
| 3. Arsenic Residues                                 |                      |                |            |   |                   |
| 4. Catalyst Residues                                |                      |                |            |   |                   |
| 5. Cyanide Residues                                 |                      |                |            |   |                   |
| 6. Chlorinated (Dioxin, Furan) Residues             |                      |                |            |   |                   |
| 7. Etching, Pickling, & Plating Residue             |                      |                |            |   |                   |
| 8. Explosive Residue                                |                      |                |            |   |                   |
| 9. Filter Clays, Filter Aids                        |                      |                |            |   |                   |
| 10. Ester, Alcohol, Ether, Ketone .                 | 1                    | L              |            | APPROX 5000 GALS  | G                 |
| Glycol Residues                                     |                      |                |            |   |                   |
| Heavy Metal Residue                                 |                      |                |            |   |                   |
| Organic and Heavy Metal Residue Mixture             |                      |                |            |   |                   |
| 13. Latex Residue                                   |                      |                |            |   |                   |
| 14. Peroxide  |                      |                |            |   |                   |
| 15. Oil and Oil Sludges, Emulsions                  |                      |                |            |   |                   |
| 16. Paint and Pigment Residues                      |                      |                |            |   |                   |
| 17. Pesticides                                      |                      |                |            |   |                   |
| 18. Pharmaceutical Wastes (Drugs, etc.)             |                      |                |            |   |                   |
| 19. Lacramators, Amines, Mercaptans, Amide          |                      |                |            |   |                   |
| 20. Plasticizer, Resin, Monomer, Elastomer Residues |                      |                |            |   |                   |
| 21. PCB, PBB Contaminated Materials                 |                      |                |            |   |                   |
| 22. Solvent, Halogenated Organic                    |                      |                |            |   |                   |
| 23. Solvent, Mixed                                  |                      |                |            |   |                   |
| 24. Still Bottoms                                   |                      |                |            |   |                   |
| 25. Radioactive Residue                             |                      |                |            |   |                   |
| 26. Tetraethyl Lead Residues                        |                      |                |            |   |                   |
| Other (See Instructions)                            |                      |                |            |   |                   |
| 27.   |                      |                |            |   |                   |
| 28.   |                      |                |            |   |                   |
| 29.   |                      |                |            |   |                   |
| 30.   |                      |                |            |   |                   |

I certify that the above information is correct to the best of my knowledge.

Date 9/1/78Signature and Title [Signature]

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State NJ Number 1125  
Date 9/1/78 Signature [Signature] Vehicle License Plate Number X1PU-1125

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler Taylor Pumping Service Address Bellevue, NJ  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 9-5-78 Signature [Signature] Vehicle License Plate Number NJ X1PU-1125

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Paterson Plank Rd.  
Registration Number 02051A Date Waste Received 9/5/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 9-5-78 Signature and Title [Signature] Receiver Manager



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 52034

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 8/18/78  
Company Name E. I. DUPONT DE NEMOURS & CO F&F DIV MO. DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT Address PO BOX 385 CARLSTADT, NJ  
Name of Facility SAME Address SAME

Handling Instructions: NORMAL CAREEmergency Spill Phone Nos.: 609-292-5560 or  
609-292-7172

B/L 1F 30662

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR	
						Rejected	Amount
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues							
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB, PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed	1	L	F	APPROX 5000 GALS	G		
24. Still Bottoms	T/W						
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
27. Other (See Instructions)							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge. PROD PLAN  
Date 8/18/78 Signature and Title J. Cannon SUPERVISOR

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number  
Date 8/18/78 Signature J. Cannon Vehicle License Plate Number WJ 8K10 1175

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address 411 Wilson Ave  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 8/18/78 Signature J. Cannon Vehicle License Plate Number WJ 8K10 1127

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 PATERSON PLANK RD  
Registration Number 0205A Date Waste Received 08/18/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 8-18-78 Signature and Title William Ramon SUPERVISOR



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

A

## SPECIAL WASTE MANIFEST

A 58043

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 9/12/78  
Company Name E. I. DUPONT DE NEMOURS & CO F&F DIV. MO. DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT Address PO BOX 385 CARLSTADT NJ  
Name of Facility SAME Address SAME  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

B/L 31266

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR	
						Rejected	Amount
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues							
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB, PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed							
24. Still Bottoms							
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
Other (See Instructions)							
27.							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge. PROD PLAN  
Date 9/12/78 Signature and Title J. M. Murphy SUPERVISOR

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number  
Date 9-12 Signature J. M. Murphy Vehicle License Plate Number NJ XMB300

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address 411 Wilson Ave Newark  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 9-12 Signature J. M. Murphy Vehicle License Plate Number NJ XMB300

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Pat Plank Rd.  
Registration Number 0295A Date Waste Received 9/12/78 ☒ Accepted ☐ Rejected  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 9-12-78 Signature and Title M. Murphy



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

A

## SPECIAL WASTE MANIFEST

A 58044

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 9/29/78  
Company Name E. I. DUPONT DE NEMOURS & CO F&F DIV. MO. 08859 DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J.  
Name of Hauler SCIENTIFIC CHEMICAL PROCESS Address 216 PATERSON PLANK ROAD  
Name of Facility SAME Address SAME  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172  
B/L 31340

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR	
						Rejected	Amount
1. Acid Solution							
2. Alkaline Solution							
3. Arsenic Residues							
4. Catalyst Residues							
5. Cyanide Residues							
6. Chlorinated (Dioxin, Furan) Residues							
7. Etching, Pickling, & Plating Residue							
8. Explosive Residue							
9. Filter Clays, Filter Aids							
10. Ester, Alcohol, Ether, Ketone, Glycol Residues	<u>1</u>	<u>L</u>		<u>APPROX 5000 GALS</u>	<u>G</u>		
11. Heavy Metal Residue							
12. Organic and Heavy Metal Residue Mixture							
13. Latex Residue							
14. Peroxide							
15. Oil and Oil Sludges, Emulsions							
16. Paint and Pigment Residues							
17. Pesticides							
18. Pharmaceutical Wastes (Drugs, etc.)							
19. Lacramators, Amines, Mercaptans, Amide							
20. Plasticizer, Resin, Monomer, Elastomer Residues							
21. PCB, PBB Contaminated Materials							
22. Solvent, Halogenated Organic							
23. Solvent, Mixed							
24. Still Bottoms							
25. Radioactive Residue							
26. Tetraethyl Lead Residues							
27. Other (See Instructions)							
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge. PROD PLAN  
Date 9/29/78 Signature and Title J. Manning Supervisor

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material(s) listed in Section I was collected by me. State NJ Number 121423K  
Date 9/29/78 Signature Thomas Jones Vehicle License Plate Number NJ 121423K

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler S.C.P. Address 411 Wilson Av. Newark  
I certify that the described quantity of material(s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 9/29/78 Signature Thomas Jones Vehicle License Plate Number NJ 121423K

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 Paterson Plank Rd  
Registration Number 02054 Date Waste Received 9/29/78 Accepted ☒ Rejected ☐  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 6-29-78 Signature and Title Maurice B. ...



DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE ADMINISTRATION

## SPECIAL WASTE MANIFEST

A 58035

## SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number 15016 Pick-Up Date 8/29/78  
Company Name E.I. DUPONT DE NEMOURS & CO F&F DIV. DAY YR.  
Pick-Up Address WASHINGTON ROAD, PARLIN, N.J. 08859  
Name of Hauler SCIENTIFIC CHEMICAL TREATMENT Address CARLSTADT, NJ  
Name of Facility SAME Address SAME  
Handling Instructions: NORMAL CARE Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172  
B/L 30723

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB, PBB Contaminated Materials					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27.					
28.					
29.					
30.					

## SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

Rejected Amount

I certify that the above information is correct to the best of my knowledge.  
Date 8/21/78 Signature and Title Anna B. Logan

## SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number  
Date 8-29 Signature [Signature] Vehicle License Plate Number NJ X4330

## SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler SCP Address CARLSTADT, NJ  
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I  
Date 8/29/78 Signature [Signature] Vehicle License Plate Number NJ X4330

## SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility SCP Address 216 PATERSON PLANK RD.  
Registration Number 0205A Date Waste Received 08/29/78 Accepted Rejected  
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date 8-29-78 Signature and Title [Signature]